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DATE: February 9, 2004

PTO IDENTIFIER: Application Number 10/731463

Patent Number


Inventor: Robert Chalifour, *et al.*

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: LAHIVE & COCKFIELD, LLP

Theodore R. West

PHONE: (617) 227-7400 

Attorney Dkt. #: NBI-105CN

PAGES (Including Cover Sheet): 35

CONTENTS: Preliminary Amendment (32 pages)
Amendment Transmittal (1 page);
Fee Transmittal (1 page); and
Charge \$294.00 to deposit account 12-0080.

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LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

AMENDMENT TRANSMITTAL LETTER				Docket No. NBI-105CN	
Application No 10/731463		Filing Date December 5, 2003		Examiner Not Yet Assigned	
Art Unit 1621					
Applicant(s): Robert Chalfour, et al					
Invention: AMIDINE DERIVATIVES FOR TREATING AMYLOIDOSIS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	50	- 48 =	2	x 18.00	36.00
Independent Claims	6	- 3 =	3	x 86.00	258.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					294.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>294.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
				Dated. <u>February 9, 2004</u>	
Theodore R. West Attorney Reg. No.: 47,202 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.					
Dated February 9, 2004		Signature: _____ (Theodore R. West)			

PTO/SB/17 (10-03)

Approved for use through 7/31/2008, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL
for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 294.00**Complete if Known**

Application Number	10/731463
Filing Date	December 5, 2003
First Named Inventor	Robert Cralifour
Examiner Name	Not Yet Assigned
Art Unit	1621
Attorney Docket No	NBI-105CN

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit Account Number

12-0080

Deposit Account Name

Lahive & Cockfield, LLP

The Director is authorized to (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayment(s)☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from Below	Fee Paid
50	48**	2	18.00
Independent Claims	6	3**	86.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	Reissue independent claims over original patent	
1205	18	2205	9	Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 294.00

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	280	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unworkable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)	1815, 1814			PCT: Claims - extra total (over 20), PCT Claims - filing or later presentation of each independent claim in excess of three	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00**SUBMITTED BY**

Name (Print/Type) Theodore R. West

Registration No (Attorney/Agent)

47,202

(Complete if applicable)

Telephone (617) 227-7400

Signature

Date

February 9, 2004

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Dated, February 9, 2004

Signature

(Theodore R. West)

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Theodore R. West

Docket No.: NBI-105CN
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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FEB 09 2004

In re Patent Application of:
Robert Chalifour, *et al.*

Application No.: 10/731463

Filed: December 5, 2003

Art Unit: 1621

For: Amidine Derivatives for Treating Amyloidosis

Examiner: (not yet assigned)

FIRST PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows: Please cancel without waiver or prejudice claims 2, 28-30, 32-36, and 41, and insert new claims 49-61.

The Listing of Claims that begins on page 2 of this paper replaces all prior versions, and listings, of claims in the application.

Remarks / Arguments begin on page 9 of this paper.